

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



January 28, 2002

ALL COUNTY INFORMATION NOTICE NO I-08-02

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CalWORKs PROGRAM SPECIALISTS  
 ALL Medi-Cal PROGRAM SPECIALISTS/LIAISONS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change  
☐ Federal Law or Regulation Change  
☐ Court Order  
☐ Clarification Requested by One or More Counties  
☐ Initiated by CDSS

SUBJECT: REVISED CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) NOTICES OF ACTION (NOA) MESSAGES AND NOTICE OF ACTION (NA) FORMS AFFECTED BY SENATE BILL (SB) 87

REFERENCE: DEPARTMENT OF HEALTH SERVICES (DHS) ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) 01-36

This All County Information Notice (ACIN) transmits copies of the revised Notices of Action (NOA) messages and Notice of Action (NA) forms for the California Work Opportunity and Responsibility to Kids (CalWORKs) program as required under SB 87. As stated in Department of Health Services All County Welfare Directors Letter 01-36, dated June 19, 2001, SB 87 mandates a notification for all cases being discontinued from CalWORKs to include specific information about the continuance of Medi-Cal benefits. Attached are the revised NOA messages and NA Forms that reflect this new language.

Discontinued CalWORKs recipients must continue to receive ongoing Medi-Cal benefits under the Section 1931(b) Medi-Cal program. Therefore, effective immediately, the CW 103 (Transitional Medi-Cal form) is no longer to be used or sent out as a supplement with discontinuance NOA messages and NA forms.

The following NOA messages are affected:

<u>Message #</u>	<u>Title</u>	<u>Action</u>
M40-105 F	SFIS-Non-Cooperation Of Added Member	(Discontinue)
M40-105G	SFIS-Failure To Cooperate	(Discontinue)
M40-105H	SFIS-Refuse To Cooperate	(Discontinue)
M40-118D	Incomplete Statement Of Facts-All Members	(Discontinue)
M40-157A4	No SAWS 2	(Discontinue)
M40-181A	Essential Information Needed	(Discontinue)
M42-101C	No Eligible Child	(Discontinue)
M42-213F	Property Not Sold	(Discontinue)

M42-221J	Property-Transfer W/O Fair Consideration	(Discontinue)
M42-221M	Income-Transfer W/O Fair Consideration	(Discontinue)
M42-431A4	No Proof Of Eligible Noncitizen Status	(Discontinue)
M43-119C	Sponsored Noncitizen-Needs Met	(Discontinue)
M43-119H	Sponsored Noncitizen-Missing CW 72	(Discontinue)
M43-119O	Sponsored Noncitizen-Deemed	
	Sponsor's/Family Property	(Discontinue)
M43-119P	Sponsored Noncitizen-Deemed	
	Sponsor's Property	(Discontinue)
M44-207K	Financial Eligibility	(Discontinue)
M44-211M	Pregnant Women Only/No Longer Pregnant	(Discontinue)
M82-820B	Mandatory AU Members	(Discontinue)
M82-820C	Eligible Child Left Home	(Discontinue)
M82-820D	No Longer Pregnant	(Discontinue)
M82-832F	Eligible Person Leaving AU	(Discontinue)
M89-130	Non Qualified Withdrawal/Restricted Account	(Discontinue)

Also affected are the following NA forms:

<u>Form #</u>	<u>Title</u>	<u>Action</u>
NA 200	Financial Income Budget	(Multipurpose)
NA 210	Financial Eligibility	(Discontinue)
NA 213	Financial Eligibility	(Deny)
NA 214	Excess Property	(Discontinue)
NA 214A	Excess Income	(Discontinue)
NA 216	Sponsored Noncitizen	(Change)
NA 217	Diversion	(Discontinue)
NA 219	Property	(Discontinue)
NA 290	No Budget	(Multipurpose)
NA 960X	CW 7 Not Received	(Discontinue)
NA 960Y	CW 7 Incomplete	(Discontinue)

### Implementation

Counties should begin using the new NOA messages and NA forms immediately.

### Forms Designation and Modification of Forms

The NOA messages transmitted with this ACIN and the NA forms affected are designated as "Required Form – Substitute Permitted." County Welfare Departments (CWDs) must obtain prior approval from the California Department of Social Services (CDSS) and/or the Department of Health Services (DHS) before implementing a modification or substitution to these and other "Substitute Permitted" forms. For CalWORKs program changes, the procedures for submission of a change request are outlined in the Management and Office Procedures Regulations 23-400.2.

## Camera-Ready Copies and Translations

After you receive a copy of an English CalWORKs form or message, please allow six to eight weeks for the forms and messages to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 657-3429 or e-mail it to [lts@dss.ca.gov](mailto:lts@dss.ca.gov).

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including NOA messages) from the CDSS web page at: [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov). FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to [fm@dss.ca.gov](mailto:fm@dss.ca.gov). For additional copies of NOA messages in English, please contact Shawn Bradley at (916) 653-8675 or by e-mail at [shawn.bradley@dss.ca.gov](mailto:shawn.bradley@dss.ca.gov).

Your CalWORKs Forms Coordinator is to distribute translated forms and messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

## Contacts

If you have any questions or need further information, please contact the following staff regarding their specific program area:

This letter and attachments:      Shawn Bradley at [shawn.bradley@dss.ca.gov](mailto:shawn.bradley@dss.ca.gov),  
(916) 653-8675/CALNET 453-8675;

Medi-Cal:      Marge Buzdas at [mbuzdas@dhs.ca.gov](mailto:mbuzdas@dhs.ca.gov),  
(916) 657-0726/CALNET 437-0726

Sincerely,  
***Original document signed by***  
***Charr Lee Metsker on***  
***01/28/02***  
CHARR LEE METSKER, Chief  
Employment and Eligibility Branch

Attachments

c:    CSAC  
      CWDA

State of California  
Department of Social Services

Noa Msg Doc No.: M40-105F Page 1 of 2  
Action : Discontinue  
Issue: SFIS Requirements  
Title: Non-Cooperation of Added AU Member

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-105.3

Use Form No. : NA 290  
Original Date : 03/01/00  
Revision Date : 01/08/02

MESSAGE:

As of \_\_\_\_\_, the County is stopping  
your cash aid for you and your family.

Here's why:

A fingerprint/photo image must be taken by  
the county for:

- ☐ Each parent (natural, adoptive, step-parent) and/or caretaker relative of an applicant or aided child(ren) when living in the home of the child.
- ☐ Each parent and/or caretaker relative who can apply for or get aid because they have certain excluded child(ren) living in the home. This includes a child who gets SSI/SSP.
- ☐ Each applicant or aided adult.
- ☐ A pregnant woman applying for or getting aid for herself only.

\_\_\_\_\_ has not met these rules.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

Noa Msg Doc No.: M40-105F Page 2 of 2  
Original Date : 03/01/00  
Revision Date : 01/08/02

INSTRUCTIONS: Use to discontinue aid for the family when someone comes into the home who is required to be fingerprinted/photo imaged and refuses or fails to cooperate. Use this message when the other members of the AU have already cooperated. In the action line, enter the date of the discontinuance. In the body of the message, fill in the appropriate person's name.

This message replaces M40-105F dated 03/01/00

File: sbradleyU/mseries/40105f

State of California  
Department of Social Services

Noa Msg Doc No.: M40-105G Page 1 of 1  
Action : Discontinue  
Issue: SFIS Requirements  
Title: Failure to Cooperate

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-105.3

Use Form No. : NA 290  
Original Date : 03/01/00  
Revision Date : 01/08/02

MESSAGE:

As of \_\_\_\_\_, the County is stopping  
your cash aid for you and your family.

Here's why:

We asked you, and/or a member of your  
household, to have your fingerprint/  
photo image taken to continue to get cash  
aid. The following household member(s)  
did not do this:

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Name

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Name

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Name

---

Name

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue cash aid for current recipients who do not have  
their fingerprint and photo image taken at redetermination or on their scheduled  
appointment.

This message replaces M40-105G dated 03/01/00  
File: sbradleyU/mseries/40105g

State of California  
Department of Social Services

Noa Msg Doc No.: M40-105H Page 1 of 1  
Action : Discontinue  
Issue: SFIS Requirements  
Title: Refusal to Cooperate

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-105.3

Use Form No. : NA 290  
Original Date : 03/01/00  
Revision Date : 01/08/02

MESSAGE:

As of \_\_\_\_\_, the County is stopping  
your cash aid for you and your family.

Here's why:

We asked you, and/or a member of your  
household, to have your fingerprint/  
photo image taken to continue your cash  
aid. The following household member(s)  
told us in person or in writing that they  
will not do this:

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Name

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Name

---

Name

---

Name

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue cash aid for current recipients who refuse to have  
their fingerprint/photo image taken.

This message replaces M40-105H dated 03/01/00

File: sbradleyU/mseries/40105h

State of California  
Department of Social Services

Noa Msg Doc No.: M40-118D Page 1 of 1  
Action : Discontinue  
Issue: Application Processing  
Title: Mandatory Filing Unit Members on  
Statement of Facts

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-105, 40-118, 40-128,  
82-820

Use Form No. : NA 290  
Original Date : 08-01-91  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

You did not include the following person(s)  
on the Statement of Facts:

\_\_\_\_\_, \_\_\_\_\_.

The deadline to submit the Statement of Facts  
has past. If the form has been completed,  
call your worker right away.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue a case when the filing unit fails or refuses to  
include mandatory filing unit members on the applicable Statement of Facts.

In the action line, enter the date of the discontinuance. On the appropriate line,  
fill in the person's name.

This message replaces M40-118D dated 1-1-99 and M40-118D dated 11-01-99.

file: sbradleyU/MSERIES/40118D



State of California  
Department of Social Services

Noa Msg Doc No.: M40-157A4 Page 1 of 1  
Action : Discontinue  
Issue: Required Documentation  
Title: Incomplete  
Citizenship/Noncitizenship  
Documentation

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-105, 40-157.3

Use Form No. : NA 290  
Original Date : 03-01-89  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

We needed a certification that you and your  
family are citizens or noncitizens. You did  
not complete or sign:

[ ] SAWS 2 (Statement of Facts).

[ ] Other:

If the form has been completed, call your  
worker right away.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue cash aid for a family when they become ineligible  
for failure to sign or complete a declaration of citizenship/noncitizenship status  
(SAWS 2).

Check the appropriate box.

This message replaces M40-157A4 dated 1-1-99 and M40-157A4 dated 11-01-99.

file :sbradleyU/MSERIES/40157A4

State of California  
Department of Social Services

Noa Msg Doc No.: M40-181A Page 1 of 1  
Action : Discontinue  
Issue: Application Processing  
Title: SAWS 2 Reverification/Other  
Essential Information

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-105.1, 40-181.2; .311

Use Form No. : NA 290  
Original Date : 05-01-87  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

We needed certain facts to check your  
eligibility. We asked you to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.  
You did not do this.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue cash aid when necessary evidence/information  
required during redetermination, or that is essential at another time is not  
provided. Specify what the recipient was required to do and the additional  
regulation cites.

Example: "We asked you to fill out a CW 25A, Payee Consent Agreement and return  
it by November 7." 89-201.42

This message replaces M40-181A dated 1-1-99 and M40-181A dated 11-1-99.

File: sbradleyU/mseries/40181a

State of California  
Department of Social Services

Noa Msg Doc No.: M42-101C Page 1 of 2  
Action : Discontinue  
Issue: Age Requirement  
Title: Age and School Requirements

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 42-101; 82-820

Use Form No. : NA 290  
Original Date : 05-01-87  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

You have no eligible children living with you.

The child who was getting cash aid no longer meets all parts of the age rule.

Age Rule: An 18-year-old child can get cash aid on your case only if:

- 1) He/She is a full-time student in high school, or in a vocational or technical training program, and
- 2) He/She is expected to finish school before reaching age 19.

If this child is a pregnant and/or parenting teen, he or she may be able to continue to get cash aid in their own case and should call the county right away.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

Noa Msg Doc No.: M42-101C    Page 2 of 2  
Original Date    : 05-01-87  
Revision Date    : 01-08-02

INSTRUCTIONS: Use to discontinue aid when the only child turns 18 and does not meet the age requirement(s).

This message replaces M42-101C dated 06-01-00, M42-101C dated 06-01-01 and M42-101C dated 10-25-01.

File: sbradleyU/mseries/42101c

State of California  
Department of Social Services

Noa Msg Doc No.: M42-213F Page 1 of 1  
Action : Discontinue  
Issue: Property  
Title: Property Not Sold

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 42-213.12

Use Form No. : NA 219  
Original Date : 06-20-86  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping  
your cash aid.

Here's why:

You own property that is worth more  
than the \$\_\_\_\_\_ limit. We must use  
the value of all the countable real  
property you own other than your  
home. The value of this property now  
counts against you.

Your countable property is figured on  
this page.

**Medi-Cal:** This notice DOES NOT  
change or stop Medi-Cal benefits.  
**Keep using your plastic Benefits  
Identification Card(s).** You will  
get another notice telling you  
about any changes to your health  
benefits.

**Food Stamps:** This notice DOES NOT  
stop or change your food stamp  
benefits. You will get a separate  
notice telling you about any  
changes to your food stamp  
benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue cash aid when the real property is  
now accessible to the recipient and must be counted in the property  
limits.

This message replaces M42-213F dated 1-1-99 and M42-213F dated  
11-01-99.

file: sbradley/MSERIES/42213f

State of California  
Department of Social Services

Noa Msg Doc No.: M42-221J Page 1 of 1  
Action : Discontinue  
Issue: Property  
Title: Transfer w/out Fair Consideration

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 42-221.1, .2, .3

Use Form No. : NA 214  
Original Date : 11-06-86  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

You had property that you sold, traded or gave away without getting fair market value for it.

Because you got less than the fair market value, you are not eligible for a number of months.

The number of months are figured on this page.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred property for less than fair consideration for the market value.

This message replaces M42-221J dated 01-01-99 and M42-221J dated 11-01-99.

file: sbradley/MSERIES/42221j

State of California  
Department of Social Services

Noa Msg Doc No.: M42-221M Page 1 of 1  
Action : Discontinue  
Issue: Income  
Title: Transfer w/out Fair Consideration

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 42-221.4, .5, .6, .7

Use Form No. : NA 214A  
Original Date : 04/01/00  
Revision Date : 01/08/02

MESSAGE:

As of \_\_\_\_\_, the County is  
stopping your cash aid.

Here's why:

You had income that you gave away or  
traded for less than it's value.

Because you got less than the fair market  
value, you are not eligible for a number  
of months.

The number of months are figured on this  
page.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue cash aid when the recipient transferred or gave  
away income for less than fair market value.

This message replaces M42-221M dated 04/01/00

File: sbradleyU/mseries/42221m

State of California  
Department of Social Services

Noa Msg Doc No.: M42-431A4    Page 1 of 1  
Action           : Discontinue  
Issue: Required Documentation  
Title: No Eligible Noncitizen  
          Status/Proof of Eligible  
          Noncitizen Status

Auto ID No.:  
Source       :  
Issued by   : I-05-00  
Reg Cite    : 42-431, 42-433.3

Use Form No.   : NA 290  
Original Date   : 03-01-89  
Revision Date   : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

You must be a citizen or eligible noncitizen  
to get aid.

[ ] You are not an eligible noncitizen  
because  
\_\_\_\_\_.

[ ] You did not give us proof of noncitizen  
status  
for \_\_\_\_\_, \_\_\_\_\_.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about any  
changes to your food stamp benefits.

Receiving Medi-Cal and/or Food Stamps only  
DOES NOT count against your cash aid  
time limits

INSTRUCTIONS: Use to discontinue cash aid for an Assistance Unit when AU members  
either lack eligible noncitizen status or lack proof of eligible noncitizen status.

In the action line, enter the date of discontinuance. Complete the appropriate box.

This message replaces M42-431A4 dated 11-01-99 and M42-431A4 dated 1-1-99.

file :sbradley/MSERIES/42431A4



State of California  
Department of Social Services

Noa Msg Doc No.: M43-119C Page 1 of 1  
Action : Discontinue  
Issue: Sponsored Eligible Noncitizens  
Title: Needs Met

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 43-119

Use Form No. : NA 290  
Original Date : 05-01-87  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

You are a sponsored noncitizen and your sponsor says he/she can pay for your needs.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue a sponsored noncitizen's case when the sponsor can meet the needs for the sponsored noncitizen.

This message replaces M43-119C dated 1-1-99 and M43-119C dated 11-1-99.

file: sbradley/MSERIES/43119c

State of California  
Department of Social Services

Noa Msg Doc No.: M43-119H Page 1 of 1  
Action : Discontinue  
Issue: Sponsored Eligible Noncitizens  
Title: Missing CA 72

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 43-119, 40-181.241(h), 40-181.25

Use Form No. : NA 290  
Original Date : 05-10-82  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

As of the 11th of this month, the county has not received your Sponsor's Monthly Income and Resources Report (CA 72). You cannot get cash aid if you do not turn in this report.

The County must get your complete report no later than the first working day of next month.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid for a sponsored noncitizen's case when the county has not received the CA 72.

This message replaces M43-119H dated 1-1-99 and M43-119H dated 11-1-99.

file: sbradley/MSERIES/43119h

State of California  
Department of Social Services

Noa Msg Doc No.: M43-1190 Page 1 of 1  
Action : Discontinue  
Issue: Sponsored Eligible Noncitizens  
Title: Deemed Sponsor's Property and  
Family Property

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216  
Original Date : 05-10-82  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

We count part of the property of the sponsor  
and sponsor's spouse in figuring your  
eligibility and cash aid.

You are not eligible for cash aid because the  
countable property of the sponsor(s) and your  
countable property is worth more than \$\_\_\_\_\_.

The property is figured on this page.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue a sponsored noncitizen's case when the sponsor's  
property along with the sponsored noncitizen's property has made the sponsored  
noncitizen ineligible.

This message replaces M43-1190 dated 1-1-99 and M43-1190 dated 11-1-99.

file: sbradley/MSERIES/43119o

State of California  
Department of Social Services

Noa Msg Doc No.: M43-119P Page 1 of 1  
Action : Discontinue  
Issue: Sponsored Eligible Noncitizens  
Title: Deemed Sponsor's Property

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 43-119, 42-205.5

Use Form No. : NA 216  
Original Date : 05-10-82  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

We count part of the property of the sponsor and sponsor's spouse in figuring your eligibility and cash aid.

You are not eligible for cash aid because the countable property of the sponsor(s) is worth more than \$\_\_\_\_\_.

The property is figured on this page.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue a sponsored noncitizen's case when the sponsor's property has made the sponsored noncitizen ineligible.

This message replaces M43-119P dated 1-1-99 and M43-119P dated 11-1-99.

file: sbradley/MSERIES/43119p

State of California  
Department of Social Services

Noa Msg Doc No.: M44-207K Page 1 of 1  
Action : Discontinue  
Issue: Income  
Title: Financial Eligibility

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 44-207.2

Use Form No. : NA 210  
Original Date : 05-01-87  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

You cannot get cash aid if your family's net countable income is more than the maximum aid payment set by the state.

Your family's needs and income are figured on this page.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid when the family's income (AU + Non-AU members) is more than MAP.

This message replaces M44-207K dated 1-1-99 and M44-207K dated 11-1-99.

file: sbradley/MSERIES/44207k

State of California  
Department of Social Services

Noa Msg Doc No.: M44-211M Page 1 of 1  
Action : Discontinue  
Issue: Eligibility  
Title: Pregnant Woman Only

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 44-211.6

Use Form No. : NA 290  
Original Date : 09/01/96  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid.

Here's why:

Cash aid for pregnant women, with no other eligible children, is paid only to assistance units with:

- o a pregnant teen under age 19 who does not have a high school diploma (or its equivalent); OR
- o a woman who is in her last four months of pregnancy.

\_\_\_\_\_ got her high school diploma (or its equivalent).

\_\_\_\_\_ turned age 19.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use this message to discontinue PWO teen cases that graduate or turn age 19 prior to their third trimester.

This message replaces M44-211M dated 01/01/99 and M44-211M dated 11-1-99.

file: sbradleyU/mseries/44211m

State of California  
Department of Social Services

Noa Msg Doc No.: M82-820B Page 1 of 2  
Action : Discontinue  
Issue: Application Processing  
Title: Application for Mandatory  
AU Members

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-118, 82-820.2

Use Form No. : NA 290  
Original Date : 08-1-91  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

You must apply for:

- [ ] All of the brothers, sisters, half-  
brothers and half-sisters under 19  
living with the child you want aided.  
You must also include those children's  
parents who live with you.
- [ ] Both the caretaker relative and the  
second parent, if living with an SSI/SSP  
child and the caretaker relative asks to  
be aided.
- [ ] The caretaker relative and the second  
parent, if living with a child who is  
sanctioned by the CalWORKs Welfare-to-  
Work Program.

You did not apply for:

\_\_\_\_\_, \_\_\_\_\_.  
(Name) (Name)

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT  
stop or change your food stamp  
benefits. You will get a separate  
notice telling you about any changes  
to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

Noa Msg Doc No.: M82-820B Page 2 of 2  
Original Date : 08-1-91  
Revision Date : 01-08-02

INSTRUCTIONS: Use to discontinue a case when a mandatory AU member moves into the home or a child in the home becomes eligible (e.g., parent becomes unemployed) and the family fails or refuses to request aid for the person. In the action line, enter the date of the discontinuance. In the body of the message, check the appropriate box. On the appropriate line, fill in the person's name.

This message replaces M82-820B dated 1-1-99 and M82-820B dated 11-1-99.  
file: sbradleyU/MSERIES/82820b



State of California  
Department of Social Services

Noa Msg Doc No.: M82-820C Page 1 of 1  
Action : Discontinue  
Issue: AU Composition  
Title: Eligible Child Left Home

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 82-820.2

Use Form No. : NA 290  
Original Date : 08-1-91  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

You no longer have a child living with you.

To get aid, you must have a child living with  
you who is:

Eligible for cash aid, or

Getting Supplemental Security Income (SSI), or

Getting foster care, or

Getting Kin-GAP, or

Being sanctioned by the CalWORKs Welfare-to-  
Work Program.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT  
stop or change your food stamp  
benefits. You will get a separate  
notice telling you about any changes  
to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue CalWORKs case when there is no longer an eligible  
or otherwise eligible child in the home. In the action line, enter the date of the  
discontinuance.

This message replaces M82-820C dated 01-01-99 and M82-820C dated 01-01-00.

File :sbradleyU/MSERIES/82820c

State of California  
Department of Social Services

Noa Msg Doc No.: M82-820D Page 1 of 1  
Action : Discontinue  
Issue: AU Composition  
Title: No Longer Pregnant

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 82-820, 40-118, 44-205.6

Use Form No. : NA 290  
Original Date : 08-01-91  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the county is stopping your  
cash aid.

Here's why:

You are no longer pregnant.

You have not applied for cash aid for your  
newborn or any eligible child.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT  
stop or change your food stamp  
benefits. You will get a separate  
notice telling you about any changes  
to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue a one-person AU at the end of the pregnancy when  
there is no newborn; the newborn is not eligible; and/or there is no other eligible  
child. In the action line, enter the date of discontinuance.

This message replaces M82-820D dated 1-1-99 and M82-820D dated 11-1-99.

file: sbradleyU/MSERIES/82820d

State of California  
Department of Social Services

Noa Msg Doc No.: M82-832F Page 1 of 1  
Action : Discontinue  
Issue: Aid Payments  
Title: Eligible Person Leaving AU

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 82-820, 82-832.1e

Use Form No. : NA 290  
Original Date : 12-01-99  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your  
cash aid.

Here's why:

The aid you got was for \_\_\_\_\_.

[ ] He/She no longer lives with you.

[ ] He/She is receiving other aid from  
the \_\_\_\_\_ Program.

**Medi-Cal:** This notice DOES NOT change or  
stop Medi-Cal benefits. **Keep using your  
plastic Benefits Identification Card(s).**  
You will get another notice telling you  
about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or  
change your food stamp benefits. You will  
get a separate notice telling you about  
any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only  
DOES NOT count against your cash aid time  
limits.

INSTRUCTIONS: Use to discontinue CalWORKs case when there is no longer an eligible  
person in the home. Specify the name of the person and, if appropriate, the name of  
the program in the space(s) provided.

This message replaces M82-832F dated 12-01-99.  
File:sbradleyU\mseries\M82-832F.doc

State of California  
Department of Social Services

Noa Msg Doc No.: M89-130 Page 1 of 2  
Action : Discontinue  
Issue: Non-qualified Withdrawal  
Title: Restricted Account

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 89-130 (g), (h), (i)

Use Form No. : NA 290  
Original Date : 01-01-94  
Revision Date : 01-08-02

MESSAGE:

As of \_\_\_\_\_, the County is stopping your cash aid until  
\_\_\_\_\_.

Here's why:

- [ ] You got money from your restricted account. Then,  
within 30 days of the time you got the money, you  
didn't:
  - [ ] Spend the money.
  - [ ] Put back into the account the part of the  
money that wasn't needed for your allowable  
expense.
  - [ ] Give the County proof of the amount you took  
out of the account.
  - [ ] Give the County proof of the balance in the  
account before you took out the money.
  - [ ] Give the County proof of what you did with  
the money.
- [ ] You got money from your restricted account and  
spent some or all of it on expenses that are not  
allowed.
- [ ] Interest was paid out on your restricted account.

If any boxes above are checked, it is because you were  
late and missed a deadline. To stop this county action  
(and restart your cash aid before the end of the time  
period), you must prove to the County that you had a good  
reason for being late. Let your worker know right away.

1. Restricted Account(s) Total.....	\$_____
2. Spending Allowed.....	-_____
3. Subtotal.....	=_____
4. Basic Need, ____Persons.....	\$_____
5. Special Needs.....	+_____
6. Basic Need Subtotal.....	=_____
7. Period of Months.....	=_____

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid and apply penalty period when there has been misuse of a restricted account. Fill in the effective date of the discontinuance. Fill in the date of the end of the period of ineligibility. Check the applicable box(es). Print the computation on the right hand side of the NA 290 and fill in the computation section.

This message replaces M89-130 dated 1-1-99 and M89-130 dated 11-1-99.

file: sbradleyU/MSERIES/89130

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

## Monthly Cash Aid Amount

Section A.	Countable Income, Month of _____
Total Business Income .....	\$ _____
Business Expenses:	
a. 40% Standard .....	- _____
OR	
b. Actual .....	- _____
Net Earnings from Self-Employment .....	= _____
Total Disability-Based Unearned Income (Assistance Unit + Non-Assistance Unit Members) .....	\$ _____
\$225 Disregard .....	- _____
Nonexempt Unearned Disability-Based Income .....	= _____
OR	
Unused Amount of \$225 Disregard .....	= _____
Total Earned Income .....	\$ _____
Net Earnings from Self-Employment (from above) .....	+ _____
Subtotal .....	= _____
Unused Amount of \$225 Disregard (from above) .....	- _____
Subtotal .....	= _____
Earned Income Disregard 50% .....	- _____
Subtotal .....	= _____
Nonexempt Unearned Disability-Based Income (from above). ....	+ _____
Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members) .....	+ _____
.....	+ _____
Net Countable Income .....	= _____

Section B.	Your Cash Aid, Month of _____
1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members) ..	\$ _____
2. Special Needs (Assistance Unit + Non-Assistant Unit Members) .....	+ _____
3. Net Countable Income from Section A .....	- _____
4. Subtotal .....	= <input type="text"/>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons) .....	\$ _____
6. Special Needs (Assistance Unit only) .....	+ _____
7. Maximum Aid Subtotal .....	= <input type="text"/>
8. Full Month Aid Subtotal (Lowest Amount on Line 4 or 7) .....	= _____
9. Line 8 Prorated for Part of Month .....	= _____
10. Adjustments: 25% Child Support Penalty(ies) ....	- _____
Overpayment .....	- _____
Cal-Learn Penalty(ies) .....	- _____
Cal-Learn Bonus .....	+ _____
11. Monthly Cash Aid Amount (Line 8 or 9 Adjusted) .....	= _____

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-100; 44-314; 44-315

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

**Welfare to Work:**

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

**Cal-Learn:**

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## DISCONTINUE, SUSPEND- FINANCIAL ELIGIBILITY

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

### Net Countable Income

Total Business Income ..... \$ \_\_\_\_\_

Business Expenses:

a. 40% Standard ..... - \_\_\_\_\_

OR

b. Actual ..... - \_\_\_\_\_

Net Earnings from Self-Employment ..... = \_\_\_\_\_

Total Disability-Based Unearned Income of  
(Assistance Unit + Non-Assistance Unit Members) ..... \$ \_\_\_\_\_

\$225 Disregard ..... - \_\_\_\_\_

Nonexempt Unearned Disability-Based Income ..... = \_\_\_\_\_

OR

Unused Amount of \$225 Disregard ..... = \_\_\_\_\_

Total Earned Income ..... \$ \_\_\_\_\_

Net Earnings from Self-Employment (from above) ..... + \_\_\_\_\_

Subtotal ..... = \_\_\_\_\_

Unused Amount of \$225 Disregard (from above) ..... - \_\_\_\_\_

Subtotal ..... = \_\_\_\_\_

Earned Income Disregard 50% ..... - \_\_\_\_\_

Subtotal ..... = \_\_\_\_\_

Nonexempt Unearned Disability-Based Income  
(from above). ..... + \_\_\_\_\_

Other Nonexempt Income of (Assistance Unit + Non-  
Assistance Unit Members) ..... + \_\_\_\_\_

Child Support collected by the County, Except for  
Maximum Family Grant child (for financial  
eligibility only) ..... + \_\_\_\_\_

**(A) Net Countable Income** ..... = \_\_\_\_\_

### Maximum Aid Payment

Maximum Aid for \_\_\_\_\_ Persons

(Assistance Unit + Non-Assistance Unit Members) ..... \$ \_\_\_\_\_

Special Needs (Assistance Unit + Non-Assistance  
Unit Members) ..... + \_\_\_\_\_

**(B) Maximum Aid Payment** ..... = \_\_\_\_\_

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**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office:



## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
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**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

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**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## DENY - FINANCIAL ELIGIBILITY

(ADDRESSEE)

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Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

### Family's Total Earned Income

(Assistance Unit + Non-Assistance Unit Members) . \$ \_\_\_\_\_

\$90 Disregard for each employed person . . . . . - \_\_\_\_\_

Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) . . . . . + \_\_\_\_\_

**(A) Net Countable Income** . . . . . = \_\_\_\_\_

### Family Needs

Basic Need for \_\_\_\_\_ Persons

(Assistance Unit + Non-Assistance Unit Members) . \$ \_\_\_\_\_

Special Needs (Assistance Unit + Non-Assistance Unit Members ) . . . . . + \_\_\_\_\_

**(B) Family Needs** . . . . . = \_\_\_\_\_

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office: MPP 44-207.1.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

**Welfare to Work:**

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

**Cal-Learn:**

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

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## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

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☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CITY

STATE

ZIP CODE

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Fair Market Value of transferred property . . . . . \$ \_\_\_\_\_  
Other countable property . . . . . + \_\_\_\_\_  
**Total Property Value** . . . . . = \_\_\_\_\_  
Property Limit . . . . . - \_\_\_\_\_  
**(A) Excess Property Amount** . . . . . = \_\_\_\_\_  
Fair Market Value of transferred property . . . . . \$ \_\_\_\_\_  
Amount actually received . . . . . - \_\_\_\_\_  
**(B) Difference** . . . . . = \_\_\_\_\_  
Family Needs  
    Basic Need for \_\_\_\_\_ Persons . . . . . \$ \_\_\_\_\_  
    Special Needs . . . . . + \_\_\_\_\_  
**(C) Family Needs** . . . . . = \_\_\_\_\_  
Lesser amount of **(A)** and **(B)** . . . . . \$ \_\_\_\_\_  
Divide by **(C)** . . . . . ÷ \_\_\_\_\_  
**Period of Ineligibility** . . . . . = \_\_\_\_\_  
(rounded down to nearest whole number) (# OF MONTHS)

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-207 and 42-221.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

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- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

**Welfare to Work:**

You do not have to take part in the activities.

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## OTHER INFORMATION

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I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

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PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Disability Income . . . . . \$ \_\_\_\_\_  
\$225 Disregard . . . . . - \_\_\_\_\_  
**(A) Nonexempt Unearned Disability Income** . . . . . = \_\_\_\_\_

OR

**(B) Unused amount of \$225 Disregard** . . . . . = \_\_\_\_\_

Total Earned Income . . . . . \$ \_\_\_\_\_  
Unused Amount of \$225 Disregard **(B)** . . . . . - \_\_\_\_\_  
Earned Income Disregard 50% . . . . . - \_\_\_\_\_  
Subtotal . . . . . = \_\_\_\_\_  
Nonexempt Unearned Disability Income **(A)** . . . . . + \_\_\_\_\_  
Other Nonexempt Income . . . . . + \_\_\_\_\_  
**(C) Net Countable Income** . . . . . = \_\_\_\_\_

Total Net Countable Income **(C)** . . . . . \$ \_\_\_\_\_  
Family MAP for \_\_\_\_\_ Persons . . . . . - \_\_\_\_\_  
**(D) Adjusted Net Nonexempt Income** . . . . . = \_\_\_\_\_

Nonexempt Income Transferred . . . . . \$ \_\_\_\_\_  
Amount Received from the Transfer . . . . . - \_\_\_\_\_  
**(E) Difference** . . . . . = \_\_\_\_\_

Lesser of **(D)** or **(E)** . . . . . \$ \_\_\_\_\_  
MBSAC for \_\_\_\_\_ Persons . . . . . ÷ \_\_\_\_\_  
**Period of Ineligibility** . . . . . = \_\_\_\_\_  
(rounded down to nearest whole number) (# of MONTHS)

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**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-221.



## YOUR HEARING RIGHTS

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**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

**Welfare to Work:**

You do not have to take part in the activities.

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- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

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## TO ASK FOR A HEARING:

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### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

A. Items:	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
B. Total .....	\$ _____
C. Less .....	– <u>1500</u>
D. Subtotal .....	= _____
E. Number of Sponsored Noncitizens on CalWORKs	÷ _____
F. Divide D by E .....	= _____

The amount in F is to be included in the sponsored noncitizen's property limits for CalWORKs.

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☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **If you need more space, check here and add a page.**
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PHONE NUMBER

STREET ADDRESS

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# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

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Diversion Payment/Service(s) . . . . . \$ \_\_\_\_\_

Maximum Aid Payment \_\_\_\_\_ Person(s)  
(Assistance Unit only) . . . . . ÷ \_\_\_\_\_

Diversion Period . . . . . = \_\_\_\_\_

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

**Food Stamps:** This notice DOES NOT stop or change your food stamp benefits. You will get a separate notice telling you about any changes to your food stamp benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply; you may review them at your welfare office: MPP

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

**Welfare to Work:**

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

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- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

**Cal-Learn:**

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

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## TO ASK FOR A HEARING:

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- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Property	Countable Value
_____	\$ _____
_____	_____
_____	_____
_____	_____
Total Countable Value	\$ _____

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☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
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PHONE NUMBER

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CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

(ADDRESSEE)

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Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions? Ask your Worker.

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Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

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### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

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PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

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NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

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PHONE NUMBER

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CITY

STATE

ZIP CODE



# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is stopping your:

- ☐ Cash Aid  
☐ Food Stamps

Here's why:

As of the 11th of this month, the County has not received your eligibility report (CW 7 or SAWS 7) due this month.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report no later than the FIRST WORKING DAY OF NEXT MONTH.

The information you give us may change or stop your cash aid and food stamps.

YOU MUST RETURN THE CW 7/SAWS 7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID.

## Food Stamps Only:

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

If you need help in completing the report, the County will help you to do so. Please contact the County and ask for help.

**Medi-Cal:** This notice DOES NOT change or stop Medi-Cal Benefits. **Keep using your plastic Benefits Identification Card(s).** You will get another notice telling you about any changes to your health benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

**Rules:** These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 44-315.8; W & I Code 11265.2; Food Stamps: 63-504.27, 63-504.3



## YOUR HEARING RIGHTS

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**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

**Welfare to Work:**

You do not have to take part in the activities.

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**Cal-Learn:**

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## OTHER INFORMATION

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### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

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PHONE NUMBER

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CITY

STATE

ZIP CODE

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

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Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is stopping your:

- ☐ Cash Aid
- ☐ Food Stamps

Here's why:

The eligibility report (CW 7 or SAWS 7) that we got from you this month is not complete.

TO STOP THIS ACTION, the County must RECEIVE your COMPLETE report by the FIRST WORKING DAY OF NEXT MONTH. You must send or bring in the following information:

- ☐ Complete the circled items on the enclosed report, and send or bring it to your worker.
- ☐ Send or bring to your worker the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information you give us may change or stop your cash aid.

YOU MUST RETURN THE ENCLOSED CW 7/SAWS 7 IF YOU WANT TO CONTINUE TO GET CALWORKS CASH AID.

**Rules:** These rules apply. You may review them at your welfare office - Cash Aid: MPP 40-105.1, 40-181.22, 40-181.24, 44-315.8. Food Stamps: 63-504.27, 63-504.3

## ☐ Food Stamps – Additional Information Needed

In addition, you must give the county the following information so the amount of your food stamps can be figured. You must get this information to the county by the first working day of next month. If you were asked for proof of an expense and you do not give it, the expense will not be allowed. Also, if you do not give the County other information asked for, your food stamps may be decreased or stopped.

You must report any new household members and their social security numbers. If you have already reported a new member but not their social security number, it must be reported now.

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☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE